



**Complete and return this form. See back for additional instructions.**

## Family Income Worksheet/Reporting Form

Basic Health I.D. # (usually your social security number) \_\_\_\_\_

Have you changed employers in the last 12 months? ☐ Yes ☐ No      Has your income changed in the last 12 months? ☐ Yes ☐ No

Briefly explain change(s) \_\_\_\_\_

Basic Health may average or use your last 30 days' income to get the most accurate picture of your income.			
You <b>must</b> check "yes" or "no" for each family member on every income line item. Show gross amounts. If more dependents, list on a separate sheet or copy this form.	Self	Spouse	Child
<b>Wages, salary, tips, assistantships, commissions</b> Employer name (self) _____ Employer name (spouse) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	
<b>Self-employment or rental income</b> Provide Washington State Unified Business Identifier (UBI) # _____ Check box if no UBI # <input type="checkbox"/> (For details on what to send us, see the back of this form.)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
<b>Unemployment compensation, strike benefits</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	
<b>Social security benefits - circle types received</b> Retirement      Survivor      Supplemental security (SSI)      Disability If social security disability, date of entitlement _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
<b>Retirements, pensions, annuity benefits</b> Is the amount received due to an early withdrawal? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
<b>Child support, alimony/spousal maintenance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
<b>Insurance benefits, whether private or through employment, such as life, accident, long- or short-term disability</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
<b>Interest, dividends, trust, estate, inheritance, capital gains, gambling, lottery, royalties</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
<b>Veterans benefits, military allotments</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
<b>Workers' compensation, crime victims' compensation</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
<b>Public assistance cash grants      DO NOT INCLUDE FOOD STAMPS</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
<b>Income from any other source</b> Explain _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
<b>No income from any source</b> If both you and your spouse report no income, how do you support yourselves? _____ _____	<input type="checkbox"/> No income	<input type="checkbox"/> No income	

**Must be signed by both you  
and your spouse, if married**

_____ Your printed name	_____ Your signature	_____ Date
_____ Spouse's printed name	_____ Spouse's signature	_____ Date

**Privacy statement:** Washington State law may require disclosure of any information you submit as a public record. Basic Health is administered by the Health Care Authority (HCA); our Privacy Notice is available upon request by calling 360-923-2822 or online at [www.hca.wa.gov](http://www.hca.wa.gov).

## Explanation of income types and what to send with your *Family Income Worksheet/Reporting Form*

Current documentation from the Internal Revenue Service (IRS) is required if not already on file with Basic Health:

- Your IRS Form 1040, federal income tax form, and all schedules
- Schedule K-1 for each family member for each S-Corporation, Partnership, or trust beneficiary
- A complete IRS transcript, if you do not have a copy of your IRS Form 1040
- Verification of non-filing status from the IRS if you did not file a tax return

To request a transcript or letter of non-filing status, call the IRS at 1-800-829-1040.

Income documentation must include the name of the person paid, the **gross** amount(s) paid, and the dates paid. Send a full 30 days' documentation for each income source. On a separate sheet, explain any gaps in income. **(Always send current documents.)** If you need another copy of this form, or would like more information about Basic Health, visit our Web site ([www.basichhealth.hca.wa.gov](http://www.basichhealth.hca.wa.gov)).

**Do not mail originals to Basic Health; they will not be returned to you.**

Explanation of income type	Examples of copies you might send
<b>Wages, salary, tips, assistantships, commissions</b>	<ul style="list-style-type: none"> <li>• Pay stubs</li> <li>• Signed and dated statement from employer(s)</li> </ul>
<b>Self-employment or rental income</b>	<ul style="list-style-type: none"> <li>• IRS 1040 and all applicable schedules</li> <li>• K-1(s), if applicable</li> <li>• Basic Health <i>Self-Employment/Rental Income Worksheet</i></li> <li>• Statement of income and expenses (any business not shown on 1040)</li> <li>• Washington State Unified Business Identifier (UBI) number</li> </ul>
<b>Unemployment compensation, strike benefits</b>	<ul style="list-style-type: none"> <li>• Unemployment stubs</li> <li>• Strike benefit statement</li> <li>• Computer print-out from agency/payer</li> </ul>
<b>Social security benefits</b>	<ul style="list-style-type: none"> <li>• Initial notice of award letter</li> <li>• Statement showing monthly benefit amount</li> <li>• Computer print-out from agency/payer</li> </ul>
<b>Retirements, pensions, annuity benefits</b>	<ul style="list-style-type: none"> <li>• Award letter or benefit statement</li> <li>• Cost of living allotment statement</li> <li>• Signed and dated statement from payer(s)</li> <li>• Computer print-out from agency/payer</li> </ul>
<b>Child support, alimony/spousal maintenance</b>	<ul style="list-style-type: none"> <li>• Award letter</li> <li>• Court documents or Division of Child Support (DCS) statement</li> <li>• Signed and dated statement from payer(s)</li> <li>• Computer print-out from agency/payer</li> <li>• Copy of check</li> </ul>
<b>Insurance benefits</b>	<ul style="list-style-type: none"> <li>• Award letter</li> <li>• Court documents</li> <li>• Statement from institution</li> </ul>
<b>Interest, dividends, trust, estate, inheritance, capital gains, gambling, lottery, royalties</b>	<ul style="list-style-type: none"> <li>• IRS 1040 and all applicable schedules</li> <li>• Statement from trustee, investment firm, bank, or financial institution</li> <li>• Court documents</li> <li>• Copy of contract</li> <li>• Copy of check</li> </ul>
<b>Veterans benefits, military allotments</b>	<ul style="list-style-type: none"> <li>• Award letter or benefit statement</li> <li>• Leave and Earnings Statement (LES)</li> </ul>
<b>Workers' compensation, crime victims' compensation</b>	<ul style="list-style-type: none"> <li>• Award letter or benefit statement</li> <li>• Labor &amp; Industries (L &amp; I) payment order</li> </ul>
<b>Public assistance cash grants</b>	<ul style="list-style-type: none"> <li>• Award letter or benefit statement</li> <li>• Computer print-out from Department of Social and Health Services (DSHS)</li> </ul>
<b>Income from any other source</b>	<ul style="list-style-type: none"> <li>• Signed and dated statement from payer</li> <li>• Signed and dated statement from applicant/member</li> </ul>
<b>Personal care workers, independent providers</b>	<ul style="list-style-type: none"> <li>• Social Service Payment System (SSPS) invoice, <b>and</b></li> <li>• Remittance Advice, pages 1 and 2</li> </ul>

### Can dependent care expenses be deducted?

Yes; you may deduct work- or school-related dependent care expenses (work- or school-related means the dependent spends time in dependent care so that adults in the home can go to work or school). You must provide copies of receipts that include the amount you paid, the dates of care, and the dependent care provider's name, address, and phone number.

Mail to: Basic Health, P.O. Box 42683, Olympia, WA 98504-2683

**Complete and return this form**

## Self-Employment or Rental Income Worksheet/Reporting Form

**Basic Health I.D. #** (usually your social security number): \_\_\_\_\_

If you filed an income tax return for your business, provide a copy of all forms, schedules, and K-1s, if applicable. If you have more than one business, copy this form, or print from our Web site ([www.basichhealth.hca.wa.gov](http://www.basichhealth.hca.wa.gov)). Complete a separate form for each business.

**If you have owned the business(es) or rental property less than 12 months, fill in the income and expenses for the number of months you have been in business or owned the property.**

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Name of business				
Name(s) of business owner(s)				
Washington State Unified Business Identifier (UBI) #				Check box if no UBI # <input type="checkbox"/>
<b>Date business began</b> / /		<b>Months you are reporting</b> From / / Through / /		Total number of months in business
<b>Type of business</b>	<input type="checkbox"/> Rental(s) <input type="checkbox"/> Sole proprietor	<input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation	<input type="checkbox"/> LLC <input type="checkbox"/> Partnership	Percent of business owned by you and your spouse, if married %

Income	Total for this period
Gross receipts, sales, or rental income	

Expenses: Business-related only	Total for this period
Merchandise and materials	
Gross wages paid to employees (less employment credits)	
Employer's payroll-related taxes	
Advertising/other promotional	
Car and truck	
Commissions/management fees	
Insurance (not Basic Health)	
Interest—Mortgage	
Interest—Other	
Legal and professional fees	
Rent or lease of vehicles, machinery, equipment	
Rent or lease of other business property	
Repairs and maintenance	
Supplies	
Taxes and licenses	
Travel, meals, and entertainment	
Utilities	
<b>Total business expenses</b> (Basic Health does not allow depreciation, amortization, or business use of the home.)	
<b>Total net profit (or loss)</b>	

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